

STATE OF NEW JERSEY
Division of Taxation
MOTOR FUEL TAX
PO Box 189
Trenton, NJ 08695-0189

**USE FOR
RENEWAL
ONLY**

APPLICATION FOR RENEWAL OF DISTRIBUTOR LICENSE

Application is hereby made by the undersigned for renewal of a Gasoline Distributor's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. Every Distributor's license is subject to the filing of a bond in such form and amount as provided by law. Every Distributor's License is subject to payment of a renewal fee of \$450.00 for a three year period. Please return this application and a check or money order made payable to: State of New Jersey-MFT, on or before April 1.

Make any necessary changes below for 1 - 5

1. FID #	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">-</div>	OR	Soc. Sec. # of owner	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">-</div>
2. Name _____ <small>(If INCORPORATED - give Corp. Name; IF NOT - give Last Name, First Name, MI of owner(s))</small>				
3. Trade Name _____				
5. Mailing Name and Address - (if different from business address)				
4. Business Location:				
Name _____				
Street _____				
City _____		State		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
Zip Code		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">-</div>		
<small>(Give 9-digit Zip)</small>				

Please fill in all information below:

6. Type of ownership (check one):

☐ NJ Corporation
 ☐ Sole Proprietor
 ☐ Partnership
 ☐ Out-of-State Corporation
 ☐ Limited Partnership
☐ Other - explain _____

7. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

8. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME <small>(Last Name, First, M.I.)</small>	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	<small>(Street, City, Zip)</small>	

NOTE: On a separate sheet of paper provide the names of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

9. List parent company, wholly owned subsidiaries, and/or affiliates _____

Item number 10 must be completed by out-of-state businesses.

10. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____
11. Attach one copy each of CERTIFIED FINANCIAL STATEMENTS for the last two fiscal years.
12. List **all** suppliers of motor fuel. A copy of the contract from each supplier must be attached indicating type of product and where provided by supplier _____
13. Is applicant a licensed distributor, importer or exporter in another state or foreign country? Please indicate state, license number, and point of contact in each state (include name and telephone number). Additionally, please attach a copy of each license. If applicant is a foreign importer, include copy of US Customs permit. _____
14. Does applicant hold a Federal Form 637? Is so, identify the issuing IRS District Office, provide copy of 637 certificate and copies of applicant's last two quarterly Form720 reports filed with the IRS. _____
15. Does applicant hold any other New Jersey Motor Fuel License? If yes, explain _____
16. Has applicant ever had a Motor Fuel License denied, suspended, cancelled or revoked in New Jersey or any other jurisdiction? If yes, explain _____
17. Does applicant have any outstanding liability or litigation? If yes, explain _____
18. Indicate below the maximum number of gallons of motor fuels that you expect to import into this state and the maximum number of gallons of motor fuel you expect to purchase within this state in any month.
IMPORTS _____ Gal. NJ PURCHASES _____ Gal. TOTAL HANDLE _____ Gal.
NOTE: An "exchange" or "book transfer" of gasoline in this State is a purchase and/or sale and must be reported by seller and purchaser.
Reference: N.J.S.A. 54:39-7.
19. Types of motor fuel to be handled and percentage of each.
_____ % _____ % _____ %
20. Describe in detail applicant's planned activity and need for this license. _____
21. Indicate below by which type of carrier you expect to receive/import motor fuels into this State.
☐ Tanker ☐ Pipeline (provide copy of agreement) ☐ Barge ☐ Tank Car ☐ Tank Truck
22. List below each manufacturing, "M" for manufacturing, "R" for retail and "L" for leased. (If more space is needed, attach rider)

Location	Class M, W, R, L	Number of Tank	Total Capacity Gallons

- 23 Is applicant registered for Petroleum Products Gross Receipts as required by the Act? ☐ YES ☐ NO
24. The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

Name of Applicant

Signature of Owner, Partner or Officer

Title

Date

All information must be provided before the application can be processed.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

Return completed application and \$450 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189

FOR DIVISION USE ONLY

License No. _____ Investigation Initiated _____

Effective Date _____ Investigation Completed _____

Approved _____

Recommendations: _____